



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E404412**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00558
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	03	01	2015	TIME (2400)	1229	COUNTY #	31	MILES	N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY) ☐ INTERSECTION ☒ NON-INTERSECTION ☐

20TH STREET SE BLOCK NO. ☒ **9500**

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W **SR 9 SE**

OF (REFERENCE OR CROSS STREET)

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	LANE	FIRST NAME	JILL	MIDDLE INITIAL	E
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STREET NEW ADDRESS ☐ **1214 113TH AVE SE**

CITY	LAKE STEVENS	ST	WA	ZIP	982589468
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	LANE*JE211PZ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	09	1979
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHP6387	STATE	WA	VIN#	YV1622FS4C2049178
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	VOLV	MODEL	S604D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	AAA	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **DAVID LOVE 17837 1ST AVE S PMB 209 NORMANDY PARK WA 98148**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	LIBERTY MUTUAL AO2-268-108555-40 4 0
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VEHICLE LEGALITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	RYAN	FIRST NAME	FLOYD	MIDDLE INITIAL	T
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STREET NEW ADDRESS ☐ **204 N CARPENTER RD**

CITY	SNOHOMISH	ST	WA	ZIP	982904401
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	RYAN*FT544OE	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09	05	1946
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AQN7431	STATE	WA	VIN#	5NPET46F48H330206
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	HYUN	MODEL	SONATA	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **CONJUNCTIONAL PATRIOTIC 1429 AVENUE D PMB 303 SNOHOMISH WA 98290**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	COAST NATIONAL INS CO G00 5514381 04
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VEHICLE LEGALITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	5Z0305981	CHARGE	NO VALID OPERATORS LICENSE
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OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E404412**

CASE #

15-00558

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LANE KATIE																
ADDRESS & PHONE #		1214 113TH AVE SE LAKE STEVENS WA 982589468																
		SEX	F	D.O.B. MMDDYYYY	03			25			2001							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		LANE EVAN																
ADDRESS & PHONE #		1214 113TH AVE SE LAKE STEVENS WA 982589468																
		SEX	M	D.O.B. MMDDYYYY	05			21			2003							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		RYAN CATHY																
ADDRESS & PHONE #		204 N CARPENTER RD SNOHOMISH WA 982904401																
		SEX	F	D.O.B. MMDDYYYY														
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-01-15 06:06 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/2/2015 4:55:01 AM

BADGE OR ID # **72**

ORI #

WA0311900

TIME POLICE DISPATCHED

12:29 PM

TIME POLICE ARRIVED

12:32 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E404412**

CASE # **15-00558**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		RYAN ANDREA																
ADDRESS & PHONE #		204 N CARPENTER RD SNOHOMISH WA 982904401																
		SEX	F	D.O.B. MMDDYYYY														
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	1	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		RYAN FLOYD																
ADDRESS & PHONE #		204 N CARPENTER RD SNOHOMISH WA 982904401																
		SEX	U	D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	1	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
		SEX		D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN		03-01-15 06:06 PM					
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED	PLACE SIGNED			
APPROVED BY		DATE					
ROBERT MINER 095		3/2/2015 4:55:01 AM					
BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	12:29 PM	TIME POLICE ARRIVED	12:32 PM

NARRATIVE

On 03/01/2015 at about 1229 hours (all times approximate) I was dispatched by police radio to a two car non-blocking/non-injury collision at the intersection of 20th Street SE and SR 9 SE in the city of Lake Stevens.

Arriving on scene I spoke with both drivers. Based on evidence and statements made at the scene, it is found that U1 and U2 had been traveling westbound on 20th Street SE and were about to enter the intersection of SR 9 SE on a green light. The driver of U2 stated he observed emergency vehicles with lights and sirens activated traveling southbound on SR 9 SE approaching the intersection of 20th Street from the north so he stopped to yield the right of way to the emergency vehicles. When U2 stopped U1 rear ended U2. The driver of U2 stated she seen brake lights on U2 and was unable to stop.

It should be noted fire/aid and police where en route to a priority collision south of Lake Stevens in Snohomish.

It should be noted that the interior of U1 smelled as though the air bags had gone off, however the air bags had not deployed. The driver of U1 stated she purchased the vehicle with a salvaged title (prior air bag deployment) and that she had Volvo also look at the vehicle (a Volvo).

The driver of U2 was found to have a suspended/revoked driver's license as of 2006. The driver of U2 stated he was not a commercial vehicle in travel so he does not need a driver's license to operate a motor vehicle. U2 was found to be registered to Conjunctional Patriotic Sovereign Pathway. The driver of U2 was cited for no valid operator's license.

U1 was disabled by fire/aid personnel (due to a possible air bag hazard) and the driver of U1 contacted AAA for a tow truck.

There were three passengers in U2 and two passengers in U1. No persons at the scene claimed any injury.

I took digital images of the damage to U1 and U2.

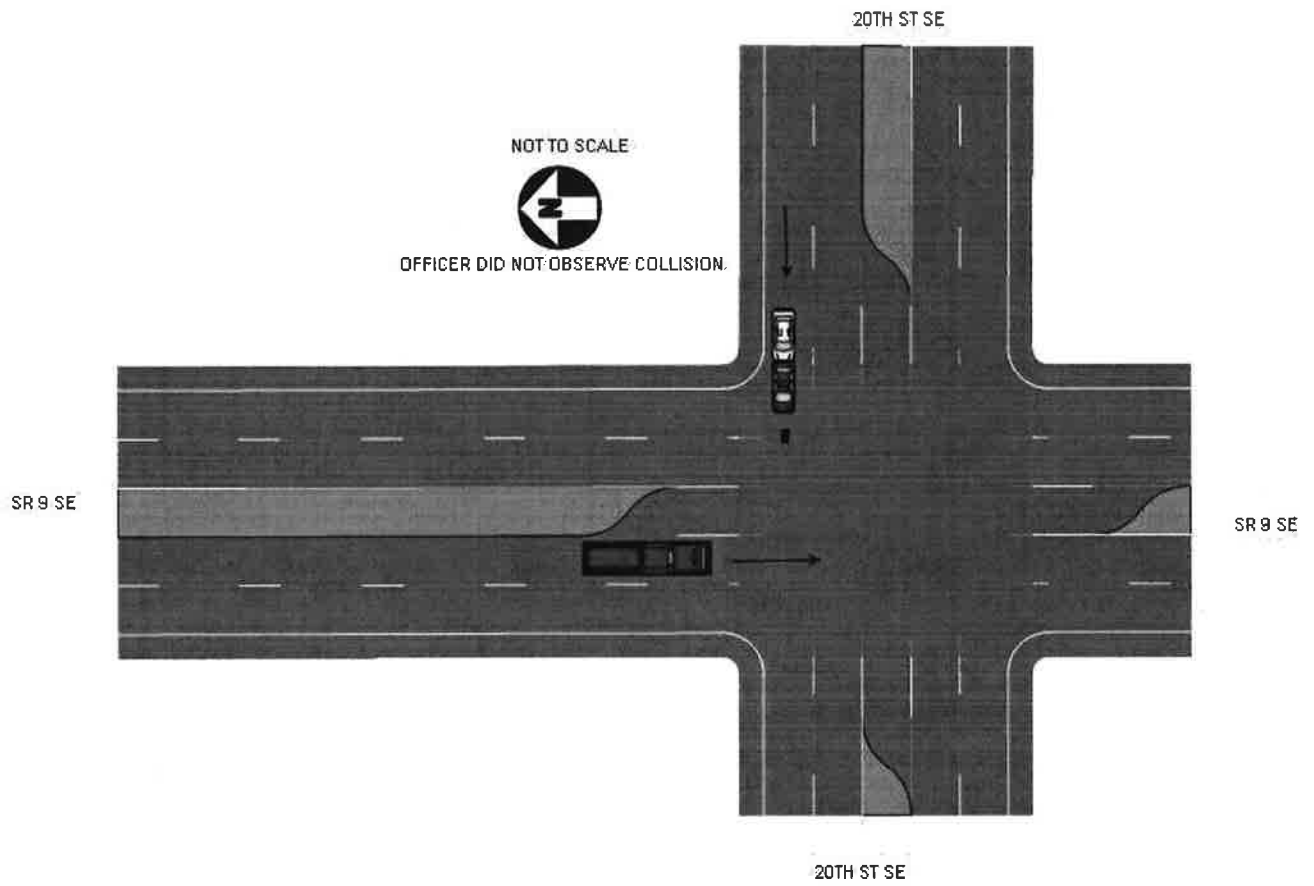
**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 2

Action Code: STOPPING FOR EMERGENCY VEHICLES

**** END OF AUTO-POPULATED SECTION ****



INFRACCTION <input checked="" type="checkbox"/> TRAFFIC <input type="checkbox"/> NON-TRAFFIC		L.E.A. OR # WA0311900		COURT ORI # WA03119VB		INFRACCTION # 520305981		REPORT # 15-00558	
IN THE <input type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> MUNICIPAL COURT OF		LAKE STEVENS VIOLATION BUREAU		LAKE STEVENS		PLAINTIFF VS. NAMED DEFENDANT			
<input type="checkbox"/> STATE OF WASHINGTON <input type="checkbox"/> COUNTY OF		THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON		CITY/TOWN OF		LAKE STEVENS			
DRIVER'S LICENSE NO. (SCANNED) RYAN#FT5440E		STATE WA		EXPIRES 09-05-20		PHOTO ID MATCHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAME: LAST RYAN	
ADDRESS 204 N CARPENTER RD		IF NEW ADDRESS <input type="checkbox"/> PASSENGER		CITY SNOHOMISH		FIRST FLOYD		MIDDLE TIMOTHY	
EMPLOYER		DATE OF BIRTH 09-05-46		RACE W		SEX M		HEIGHT 5'10"	
VIOLATION DATE 03/01/2015 12:29		LANG.		INTERPRETER NEEDED		AT LOCATION 20TH STREET SE		REF. TRAFFICWAY SR 9 SE	
VEH LIC NO A04NT431		STATE WA		EXPIRES 07-25-15		VEH YR 2008		MAKE HYUNDAI	
TR #1 LIC NO		STATE		EXPIRES		TR YR		MODEL SONATA	
OWNER/COMPANY IF OTHER THAN DRIVER		SOVEREIGN		CITY SNOHOMISH		STATE WA		ZIP CODE 98290	
ADDRESS 1429 AVE D PMB 303		CITY SNOHOMISH		STATE WA		ZIP CODE 98290			
ACCIDENT NO INJURY		COMMERCIAL VEHICLE <input checked="" type="checkbox"/> NO		YES <input type="checkbox"/> NO		16+ PASS <input checked="" type="checkbox"/> NO		HAZMAT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
VEH SPEED		N/A		ZONE		SMD		PAGE AIRCRAFT	
1. VIOLATION/STATUTE CODE 46.20.015		NO VALID OPER LICENSE WITH VALID ID		DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES		EXEMPT VEHICLE <input type="checkbox"/> LEA <input type="checkbox"/>		FIRE	
2. VIOLATION/STATUTE CODE		PENALTY \$		550.00					
3. VIOLATION/STATUTE CODE		PENALTY \$							
4. VIOLATION/STATUTE CODE		PENALTY \$							
5. VIOLATION/STATUTE CODE		PENALTY \$							
RELATED #		DATE ISSUED 03-01-15		TOTAL PENALTY \$ 550.00					
CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.									
OFFICER W. AUERMAN		# 72		OFFICER					
<input checked="" type="checkbox"/> TICKET SERVED ON VIOLATOR		<input type="checkbox"/> TICKET REFERRED TO PROSECUTOR							
<input type="checkbox"/> TICKET SENT TO COURT FOR MAILING		NOTICE OF INFRACCTION		This is a non-criminal offense for which you cannot go to jail. YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED. Your response must be postmarked by midnight of the day it is due at the court. If you do not respond or appear for court hearings:		NON-TRAFFIC		The court will find that you committed the infracction. It is a crime and will be treated accordingly. Your penalty may be increased. Failure to pay may result in a referral of your case to a collection agency.	
TRAFFIC		The court will find that you committed the infracction. You may lose your driver's license privilege. Your penalty will be increased. Failure to pay may result in a referral of your case to a collection agency.		Check one of the 3 boxes to the right, sign, date, and mail this form to:		LAKE STEVENS VIOLATION BUREAU		PO BOX 257	
Court contact information: Phone 1: (425)334-1012		LAKE STEVENS WA 98258							
Name: _____		City: _____		State: _____		Zip Code: _____		Apt: _____	
Telephone: Home: _____		City: _____		State: _____		Zip Code: _____		Apt: _____	
Is Interpreter needed? Language: _____									
X: _____		(SIGNATURE)		520305981					



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00558

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Ryan, Floyd Timothy	RACE W. Cauc.	ETH M	SEX M	DOB 9/5/1946	AGE 68	HGT 5'	WGT 170	HAIR Brown	EYES haz.
STREET ADDRESS 304 N Carpenter		CITY Snodgrass			STATE WA	ZIP 98290		RES. STATUS		
HOME PHONE 425-334-2019		CELL PHONE			PLACE OF EMPLOYMENT retired					
WORK PHONE		EMAIL ADDRESS								

I, Floyd Ryan, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Heading west on 20th St. SE at SR 9. Saw emergency vehicles nearing intersection going south on SR 9. Lights were green for us but we stopped when we saw these emergency vehicles approaching. The vehicle behind us was not able to stop in time and hit us from behind.

Passengers in our car: Andrea Ryan, daughter, Cathy Ryan, wife, & Tim Ryan, son. Floyd Ryan, ~~son~~.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Floyd T Ryan</u>	DATE SIGNED 01/01/2015	LOCATION SIGNED SE of Snodgrass, WA
OFFICER/NUMBER: <u>Aukerman #12</u>	DATE SIGNED 3/1/2015	LOCATION SIGNED Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00558

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lane Jill E	RACE	ETH	SEX F	DOB 10/9/79	AGE 35	HGT 58"	WGT 130	HAIR Blk / Brown	EYES
STREET ADDRESS 1214 113th Ave SE		CITY Lake Stevens			STATE WA		ZIP 98258	RES. STATUS rent		
HOME PHONE 512		CELL PHONE 425-346-16458			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Following traffic below speed limit, green light on 20th approaching intersection, ambulance & fire truck with sirens & lights heading south on Hwy 9. Car in front stopped abruptly, I could not stop in time & hit car.

Passengers Katie Lane (13) & Evan Lane (11)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 3/1/2015	LOCATION SIGNED LAKE STEVENS WA
OFFICER/NUMBER: AUKIERMAN #12	DATE SIGNED 3/1/2015	LOCATION SIGNED LAKE STEVENS WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>ALEXANDER #72</i>		Case Number <i>15-00558</i>			
Type of Crime: <i>Felony</i> / Misdemeanor (Circle)		Type of Case: <i>COVISON</i>		Date/Time: <i>3/01/2015</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # <i>1</i>	Item Brand Name <i>CD-RW COMPRESSOR</i>			Storage Location	Disposition		
Action # <i>3</i>	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found <i>20/SP 9 SE LKS</i>	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>P.L.S.</i>							
Item #	Item Brand Name			Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item Brand Name			Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item Brand Name			Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item Brand Name			Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item Brand Name			Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____		NCIC/WACIC +		Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -		Date:	Owner Letter Sent:	Yellow: Case File	

Incident History for: #SS15004084 Xref: #AG15000568

Case Numbers: \$SS15000558

Entered 03/01/15 12:29:38 BY SPCT10 SP0307

Dispatched 03/01/15 12:29:49 BY SPDP17 SP0224

Enroute 03/01/15 12:29:49

Onscene 03/01/15 12:32:32

Closed 03/01/15 13:50:08

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/SR 9 SE , LKS (V)

Loc Info:

Name: LANE, JILL

Addr:

Phone: 4253466458

/1229 (SP0307) ENTRY , CC, ON 20 EO SR 9, NON INJ, NON BLKING WHI VOLV
0 S 60 VS UNK OTHER
/1229 (SP0224) DISPER 19D2 #SS72 AUKERMAN, OFFICER (WAYNE)
/1232 (SS72) *ONSCNE 19D2
/1239 REMINQ 19D2 MDTWANT, RYAN, FLOYD, T, 090546, , , WA, , , , , , , , , ,
/1239 *ASNCAS 19D2 \$SS15000558
/1239 (SP0224) CROSS #AG15000568
/1327 (SS72) REMINQ 19D2 MDTVEH, AQN7431, , WA, , , , , , , , , ,
/1334 REMINQ 19D2 MDTVEH, C50884A, , WA, , , , , , , , , ,
/1350 *CLEAR 19D2 D/H
/1350 CLOSE 19D2